

Longwood University
Accessibility Resources Office
ADD/ADHD Verification Form

The Accessibility Resources Office (ARO) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

ARO requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally trained, certified or licensed psychologists or members of a medical specialty.

B. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.

C. The healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). If a current comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that explains the results.

D. After completing this form, sign it, complete the Healthcare Provider Information section on the last page and mail or fax it to us at the address provided in our letterhead. The information you provide will be kept in the student's confidential file at ARO. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please call the ARO office at 434-395-2391. Thank you for your assistance.

STUDENT INFORMATION
(Please Print Legibly)

To be completed by the student:

Name (Last, First, Middle): _____

Date of Birth: _____ L number: : _____

Status (check one): current student__ transfer student__ prospective student __

Local phone: (_____) - _____ - _____

Address (street, city, state and zip code): _____

LU E-Mail address: _____@live.longwood.edu

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

To be completed by the treating physician:

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. DSM-V diagnosis:

- 314.00
- Predominantly Inattentive
- Predominantly Hyperactive-Impulsive
- 314.01 Combined type
- 314.9 Not otherwise specified

2. How did you arrive at your diagnosis?

- Behavioral observations
- Developmental history
- Rating scales
- Medical history
- Structured or unstructured clinical interview with the student
- Interviews with other persons
- Rule out of other possible causes
- Neuropsychological testing (dates of testing) _____
- (Please attach diagnostic report of testing)*
- Other (Please specify) _____

3. Date of diagnosis: _____

4. Student's History:

a) Early onset: Evidence of inattention and/or hyperactivity during childhood and presence of symptoms prior to age seven. Provide information supporting the diagnosis obtained from the student, parents, and teachers. Indicate the ADHD symptoms that were present during early school years (e.g. daydreamer, spoke out of turn, unable to sit still, difficulty following directions, etc.)

b) Psychosocial History: Provide relevant information obtained from the student, parent(s)/guardian(s) regarding the student's psychosocial history (e.g. often engaged in verbal or physical confrontation, history of not sustaining relationships, history of employment difficulties, history of educational difficulties, history of risk-taking or dangerous activities, history of impulsive behaviors, social inappropriateness, history of psychological treatment, etc.).

c) Educational History: Provide a history of the use of any educational accommodations and services related to this disability.

5. What is the severity of the condition? Please check one:

mild moderate severe

Explain severity:

6. Student's Current Specific Symptoms

Please check all ADHD symptoms listed in the DSM-V that the student currently exhibits:

Inattention:

- often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- often has difficulty sustaining attention in tasks or play activities.
- often does not seem to listen when spoken to directly.
- often does not follow through on instructions and details to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- often has difficulty organizing tasks and activities.
- often avoids, dislikes, or is reluctant to engage in tasks (such as schoolwork or homework) that require sustained mental effort.
- often loses things necessary for tasks or activities (e.g. school assignments, pencils, books, tools, etc.)
- is often easily distracted by extraneous stimuli.
- often forgetful in daily activities.

Hyperactivity:

- often fidgets with hands or feet or squirms in seat
- often leaves (or greatly feels the need to leave) seat in classroom or in other ___situations in which remaining seated is expected.
- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- often has difficulty playing or engaging in leisure activities that are more sedate.
- is often "on the go" or often acts as if "driven by a motor".
- often talks excessively.

Impulsivity:

- often blurts out answers before questions have been completed
- often has difficulty waiting turn
- often interrupts or intrudes on others (e.g. butts into conversations or games).

7. Please attach any current educational testing that would assist this office in understanding the functional impact of the disability and the need for accommodation in a classroom or educational setting (e.g., WJ-III Achievement battery, WIAT, Nelson-Denny).

8. List any medication(s) that the student is currently prescribed including dosage, frequency of use, the adverse side effects, and the effectiveness of the medication.

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and fill in all other fields completely using PRINT or TYPE)

Provider Signature: _____ Date: _____

Provider Name (Print):

Title: _____

License or Certification #: _____

Address: _____

Phone Number: (_____) - _____ - _____

FAX Number: (_____) - _____ - _____

Important: After documentation is reviewed, ARO will send an email notification to the students LU email account, acknowledging receipt of documentation and the eligibility status.

Return completed form to:
Accessibility Resources Office
201 High Street, Brock Hall
Longwood University
Farmville, Virginia 23909
accessibilityresources@longwood.edu
434-395-2391 (phone)
434-395-2434 (fax)

Adapted from the Office of Disability Services, Ohio State University